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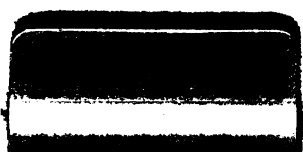
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REPORTS
OF THE
TRUSTEES AND SUPERINTENDENT
OF THE
Butler Hospital for the Insane,
PRESENTED TO THE CORPORATION
AT THEIR ANNUAL MEETING,
JANUARY 25, 1865.
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OFFICERS OF THE INSTITUTION, 1865.

AMASA MANTON,
PRESIDENT.

EDWARD KING,
VICE PRESIDENT.

TRUSTEES.

JOHN C. BROWN,	SAMUEL G. ARNOLD,
AMOS D. SMITH,	RUFUS WATERMAN,
SAMUEL BOYD TOBEY,	WILLIAM SPRAGUE,
JABEZ C. KNIGHT,	DAVID DUNCAN,
JOHN KINGSBURY,	JAMES T. RHODES.

THOMAS P. IVES,
TREASURER.

ROBERT H. IVES,
SECRETARY.

JOSEPH MAURAN, M. D.,
LEWIS L. MILLER, M. D.,
BOARD OF CONSULTATION.

ISAAC RAY, M. D.,
SUPERINTENDENT AND PHYSICIAN.

B. LINCOLN RAY, M. D.,
ASSISTANT PHYSICIAN.

Mrs. SARAH D. LOVETT,
MATRON.

VISITING COMMITTEES.

1865-66.

FEBRUARY.....	MESSRS. T. P. IVES AND R. H. IVES.
MARCH	R. H. IVES AND TOBEY.
APRIL	TOBEY AND RHODES
MAY.....	RHODES AND WATERMAN.
JUNE	WATERMAN AND SPRAGUE.
JULY	SPRAGUE AND KINGSBURY.
AUGUST.....	KINGSBURY AND KNIGHT.
SEPTEMBER	KNIGHT AND SMITH.
OCTOBER.....	SMITH AND BROWN.
NOVEMBER	BROWN AND ARNOLD.
DECEMBER	ARNOLD AND DUNCAN.
JANUARY	DUNCAN AND T. P. IVES.

☞ Application for the admission of patients may be made to Dr. RAY, who will furnish the papers, and all requisite information.

*** Letters and small parcels for the officers or patients, may be left at Mr. CALEF's, No. 50 North Main street.

REPORT OF THE TRUSTEES.

THE Trustees of the BUTLER HOSPITAL present their Eighteenth Annual Report.

For a statement of receipts and expenditures, the number of patients connected with the Hospital during the year, and various other items of interest, we would refer to the Report of the Superintendent, and the accounts of the Treasurer and the Steward, herewith presented.

The ordinary donations of the year have been neither very numerous nor very valuable. Some Congressional Documents from Messrs. Anthony, Sprague and Jenckes, a few books from several individuals, a beautiful engraving, elegantly framed,—“Shakspeare and his Friends,”—from a lady, constitute about all we have received.

The past year, however, has been marked by an interesting event in the history of the Hospital, as will appear by the following extracts from the records of the Board :—

“At a special meeting held May 3d, 1864, the following communication was received from the Superintendent, Dr. Ray :—

“BUTLER HOSPITAL, May 2, 1864.

“*To the President of the Board of Trustees of the Butler Hospital:—*

“SIR,—The necessity has long been felt, as your Board are, no doubt, well aware, of an additional building on our grounds, for bowling alleys, billiard tables, a museum, reading room and other means of recreation. Among the

several needs yet to be supplied to make the Institution thoroughly effective, I know of none more urgent than this. In fact, I know of no similar institution in the country so poorly supplied with the means of recreation. Even the State Hospitals around us have, without exception, their bowling alleys, and many of them, their museum. I am, therefore, happy to state, as your Board, I doubt not, will be no less happy to hear, that this very important want is soon to be supplied. A couple of gentlemen, to whom the Hospital has been repeatedly indebted for most liberal benefactions, have proposed through me, to erect on the grounds, if agreeable to the Board, a building suitable for the above named purposes, according to the plans and elevation herewith submitted. If this offer be accepted, I would suggest the appointment of a committee to select the site.

"I remain, your most obedient servant,

"I. RAY.

"Whereupon, it was unanimously voted, that this Board gratefully accept the offer, communicated through Dr. Ray, by two friends of the Butler Hospital, to erect at their own cost, upon a site to be designated by the Board, a brick building eighty-five feet long, thirty-six feet wide and two stories high, according to plans presented by Mr. C. P. Hartshorn, of this city, for the benefit of the patients of the Institution.

"The Board then adjourned to meet in the afternoon, at the Hospital, for the purpose of designating a site for the proposed building; at which meeting, the Trustees and the Superintendent viewed the ground in the rear of the Hospital, and fixed upon a site; when it was

"*Voted*, That the proposed building be placed with its greatest length running east and west parallel with the main building of the Hospital; the east end to be on the same line as the east end of the Hospital, and the south-east corner about two hundred feet north of the north-east corner of the Hospital."

Though the season was somewhat advanced, and many impediments incidental to the state of the times were encountered, the work was promptly undertaken, and before winter commenced the exterior walls and the roof were finished. Arrangements have been made for the completion of the building so as to have it ready for occupancy early in the ensuing summer. The Board congratulate the Corporation upon a benefaction which will give a tasteful addition to our buildings, and, to the

patients under our care, new and important influences for the mitigation and cure of their maladies.

The Trustees would fail to discharge their duty to the Corporation, if they did not, in this report, allude to the embarrassment under which the Hospital labors from the greatly increased cost of living. In the Treasurer's report, January, 1864, it was stated that the current expenses of the year 1863 had been \$29,013.47, and the receipts for board, \$26,725.76; leaving a balance of nearly \$2300 to be supplied from some other source. It was, therefore, decided to raise the minimum price from \$3.00 to \$3.50, and to make a corresponding increase in the charge for other patients; the Trustees thereby hoping to make the receipts for board equal the expenditures. In this they were disappointed, owing to the unforeseen rise in all the articles of living. Under these circumstances, at a meeting held October 18th, 1864, the Superintendent made the following report:—

"It will be recollected that, in December last, it appeared, at a meeting of the Board called for the purpose of considering the financial condition of the Hospital, that, at the price then prevailing, the expenditures would exceed the income by at least \$3000, and it was decided to raise the prices charged for board sufficiently to produce that sum. Three-fourths of the year having elapsed, we may infer, correctly enough for our purpose, what will be our financial position at its close, and the subject requires the most careful consideration.

"The income derived from board, from January 1st to October 1st, 1864, amounts to \$22,884.49. Admitting that such income will continue at the same rate to the end of the year, it will then amount to \$30,512.65, which is \$3786.89 more than it was in 1863.

"In the mean time, however, the cost of living, up to nearly the 1st of October, has been steadily advancing, and in a ratio far greater than the rates of board. The expenditures for 1863 amounted to \$29,013.47; the expenditures of the first three quarters of the present year amount to \$28,961.06; taking those of the last quarter at an average of the others, the whole expenditures of the year will have been \$38,614.75, which is \$8102.10 more than our receipts for board, and \$9601.28 more than the expenditures of 1863.

"On the 1st of January, 1864, the assets of the Institution amounted to \$8993.32; on the 1st of October, to \$2958.79. Supposing them to diminish in the same ratio the rest of the year, they will have been reduced to \$947.28. Adding to this the income of the reserved funds, \$3000, we shall have, to begin the year 1865, \$3947.28, which is \$5046.04 less than the sum with which we entered it, \$8993.32. In view of this result, it needs to be considered whether, by an advance of our rates equal to that of the last year, we nearly or quite meet this

deficiency, or continue to go on with our present rates, in the hope that prices will fall, or some other favorable circumstance in the chapter of accidents may turn up. In regard to this point, I will only remark, that a sound financial policy would seem to require that the current expenses of the Institution should be met by the income from board, while the income from the reserved funds should be devoted entirely to those special improvements which are needed, from time to time, in order to maintain the progressive character of the Institution.

"I. RAY.

"October 18th, 1864."

Finding from this exposition of the Superintendent that not only the income of the reserved funds was liable to be used for the current expenses, leaving us without any resources for repairs or special improvements, but also that the reserved funds themselves were in danger of being impaired, the Trustees, after deliberation, decided to increase the minimum charge to four dollars per week, and to make a corresponding increase in the charge for other patients. In no instance has this increased charge kept pace with the increased cost of almost every article of living. The Trustees are happy to report that this increase of the price of board has very generally met a cheerful response, indicating that there has been sufficient investigation to show not only its necessity, but also its reasonableness. Should there be any who think the increased price unreasonable, we are confident it arises from the failure of giving the subject a careful investigation. It requires no labored process of reasoning to show, that whatever impairs the pecuniary resources of the Institution, just so far deprives it of the means of benefiting, in the highest degree, those who are doomed, by this worst of human maladies, to be its inmates.

It is proper, in this connection, to say that there is some misunderstanding in regard to minimum and maximum prices for board. The Trustees have always aimed to keep the minimum price as low as possible, in order that the privileges of the Hospital may be brought within the reach of the less affluent classes of society. To do this, it has been deemed necessary to make a scale of prices corresponding not merely to the privileges to be enjoyed, but also to the ability of making payment. This scale could not be made according to the privileges enjoyed,

because in that case it would deprive some of the most hopeful and deserving, though less affluent patients, of just those things which they most need for their relief. Let all those, then, who are obliged to pay, for their friends, prices at various grades above the minimum price, remember that by so doing they are not only helping the cause of humanity in particular instances, but also enabling the Institution to diffuse its blessings to all who enter it, and to keep pace with all the improvements of the age. For if the current expenses of the Hospital are not met in this way, there are but two other modes, so far as we know, of meeting them. One is, by frequent appeals to the public, thereby making it a charitable institution to all who enter it. This would render the resources of the Hospital variable and uncertain, and thus diminish its power of doing good. The other method is to leave the deficiency between the receipts and expenditures to be paid by the Trustees from their own pockets. Not to mention the absurdity of this method, which would soon deprive the Institution of Trustees altogether, neither the Institution itself, nor those who are to use it for their friends, can afford to place such a burden even upon willing shoulders. In a pecuniary point of view, this would be easier for the Trustees than the self-imposed burdens which they have, ever since the foundation of the Hospital, been willing to bear.

They have given, or will have given, when the new building is completed, nearly, if not quite, eighty thousand dollars to the Hospital since it was established. This has been expended in improving the buildings, in lighting, warming, and ventilating them, introducing greater conveniences into the laundry and kitchen arrangements, furnishing the halls with engravings, instruments of music and other amusements, providing a library, ornamenting and improving the grounds,—all of which the Institution would not have enjoyed from its ordinary resources, and must have been given, if at all, by members of the Board of Trustees, or other friends equally interested in its prosperity. Such friends, however, have not, as yet, appeared.

In this connection it may not be improper to say, that it has

sometimes been insinuated that the Trustees take but little interest in the affairs of the Hospital, and leave everything in the hands of the Superintendent. Can this be so? Is it not contrary to the course of human experience that men should contribute large sums of money and large amounts of labor upon objects in which they have no interest? Several of these Trustees, those who have been distinguished by their liberal benefactions, have been connected with the Hospital from its foundation, and have never intermitted their watchful care and regular visitations, both stated and casual. The amount of labor thus performed can be but poorly estimated except by those who have been co-laborers with them. And when to this labor are added large amounts of money, in order to make the Institution able to accomplish the greatest possible amount of good, can it be that these men have been careless of its interests, and have delegated them to unwise and unsuitable persons? It is not too much to say that the Trustees of this Institution are influenced by no selfish motives in their devotion to its interests. They gain neither honor, reputation, nor wealth; but, on the contrary, they are liable to the loss of all these things which men so much covet. Can there be, then, any stronger guaranty that the Trustees, especially those who have thus given their time, their labor, their money, are watchful of its interests, and best know what those interests are?

The Trustees would not close their Report without alluding to the able and faithful Superintendent. If devotion to the Hospital, skill in the treatment of patients, foresight in regard to the future, good judgment in general management, and practical wisdom in the execution of details, entitle one in his position to the respect and gratitude of every friend of the Hospital, then such a reward is due to Dr. Ray, in the discharge of his triple duties of Physician, Steward, and Superintendent.

The Trustees are happy to add that the Superintendent has been very ably seconded by his son, B. Lincoln Ray, M. D., the assistant Physician.

They would also acknowledge that for the extraordinary

neatness and good order of the domestic arrangements, great praise is due to the skillful and indefatigable Matron, Mrs. Sarah D. Lovett.

All of which is respectfully submitted, by order of the Board of Trustees.

JOHN CARTER BROWN, *Chairman.*

REPORT OF THE SUPERINTENDENT.

In deference to the usual custom, I present a numerical statement of our results during the year that has just closed.

On the 31st of December, 1863, there were in the house one hundred and thirty patients,—sixty-eight males, and sixty-two females. During the year, there have been admitted forty-nine,—twenty-six males and twenty-three females; making the whole number under care, one hundred and seventy-nine.

There have been discharged forty-seven,—twenty-seven males and twenty females, leaving, on the 31st of December, 1864, one hundred and thirty-two.

Of those discharged, fifteen had recovered, fourteen had improved, six were unimproved, and twelve died.

The following table shows the statistics of the Institution, since it was opened in 1847.

Year.	Admitted.	Discharged	Whole No. under care.	Recovered.	Improved.	Unimproved.	Died.	At the end of the year.
1848	156	56	156	17	26		13	100
1849	93	86	193	35	24	7	20	107
1850	73	67	180	19	26	5	16	113
1851	68	54	181	26	8	4	16	127
1852	101	86	228	30	36	5	15	142
1853	92	98	235	44	27	5	22	136
1854	80	85	216	40	20	6	19	131
1855	56	50	187	20	15	4	11	137
1856	59	54	195	14	19	5	16	142
1857	37	39	179	15	10	4	10	140
1858	47	52	187	22	7	11	12	135
1859	42	42	177	14	16	2	10	135
1860	58	66	193	22	21	8	15	127
1861	53	45	180	22	5	4	14	135
1862	36	39	171	17	7	10	5	132
1863	37	39	169	9	14	8	9	130
1864	49	47	179	15	14	6	12	132
	1137	1005		381	296	94	232	

During the past year, the ordinary routine, I am happy to say, has been diversified by none of those disagreeable occurrences which no practicable amount of skill or vigilance can always prevent. And if it is no merit of ours that not a single suicide, nor elopement, nor serious casualty, has happened, we are all the more thankful for the fortunate exemption. The mortality has been a little greater than that of the last two years, but it is hardly up to the average, and was confined chiefly to cases of long duration. One of those who died was eighty-four years old; another, eighty; and another, seventy-four. Although unable to chronicle any special event or measure of our year's experience, worthy of public interest, I venture to believe that the rightful purposes of a hospital for the insane have been pursued with a fair measure of success. And if we have a right to think that as much of comfort has been obtained for our inmates, and as much of discomfort avoided, as was possible under existing circumstances, and that the means of recovery which the progress of knowledge has placed within our reach have been faithfully used, then may we not be dissatisfied with the result of our labors, little as it is calculated to strike the fancy of the superficial observer.

In my last report, I adverted to the increased cost of living, and the consequent necessity of raising our prices. It was supposed, at that time, that an advance which would add about \$3000 to our income, would enable us to meet our expenses, and it was accordingly made, beginning on the first of January. The expected increase of income has been obtained, but, in the mean time, the cost of living has been steadily rising through the year, until it has reached a point at least thirty per cent. higher than it was at the beginning of the year. The result is, that our expenses have exceeded the receipts from patients, \$7185 83. What must be the inevitable end, sooner or later, of such a course, is too obvious to need any words from me; and it was in view of it that your Board determined, in October last, to make another advance of rates, to take effect on the first day of the present year. It seems to be a most ungracious act, in a season of great public difficulty, to increase the cost of

caring for any class of sufferers, and especially when it adds to the burdens of those who, for the most part, are not of the sort best able to bear them. But it cannot be supposed that an institution like this can be now maintained at rates which hardly sufficed to pay its current expenses before the war ; and no reasonable man can find fault with an advance of only thirty-three per cent. over what was paid then.

From a subject like this, I gladly turn to another which furnishes occasion for only the most pleasing and grateful feeling. Our opportunities for amusement and recreation, you are aware, have not compared favorably with those of other similar establishments, for want of a proper building for the purpose. We have never had a bowling-alley on the premises, nor did we have a billiard-table until it was given us, about three years ago, by one of your Board. The value of amusements, in the management of the insane, and especially such as involve considerable bodily exercise, is universally admitted. They ought always to form a part of the moral treatment, and no outlay necessary to bring them within reach can be considered extravagant. And the difficulty always experienced, in a large proportion of cases, of inducing patients to engage in them is lightened by selecting those to which they have been accustomed when well, and connected in their minds, perhaps, with many pleasing associations. Our deficiency in this respect will soon be supplied, as you already know, by the munificence of a couple of gentlemen—friends of the Institution—whose benefactions, in previous years, it has frequently been my welcome duty to acknowledge. At their expense, a building has been erected, but not yet finished, in the grove behind the Hospital, 85 feet by 36, two stories high, and faced with pressed brick, with freestone hood mouldings over the doors and windows. Though chaste and simple in design, the architectural effect, as it is seen among the tall white pines, is remarkably good, and makes it a pleasing addition to the grounds. The benefit to be derived from it can scarcely be overrated. Day after day, year after year, long after we have all passed away, it will continue to furnish the means of lightening the burden

of sorrow, and restoring to the troubled soul its wonted peace and joy. Let us not forget, moreover, the lesson thus taught us, of the noble uses of wealth, when directed by a liberal spirit and a sound judgment.

In my last report, I was led to inquire into the causes of insanity, and expressed the opinion that the most efficient agency in its production is that of cerebral infirmity transmitted from some previous generation. This doctrine was shown to be in accordance with acknowledged principles of medical science, and exemplified by well known facts in natural history. The key to the main difficulties of the subject was found in the fact that hereditary transmission of disease implies, not merely its repetition, without any obvious change, but also the conversion of one degree or form of it, in the course of its transmission, into another degree or form, the essential element thus transmitted being only cerebral infirmity or defect. The correct understanding of this subject is so necessary to the proper ordering of life, as well as to the promotion of public and private justice, that, perhaps, I could not better serve the purposes of this occasion, than by continuing a discussion which was far from being exhausted.

And here let it be premised, that the whole matter of mental derangement, as now understood by those who have a professional acquaintance with it, is a very different thing from what it was two hundred years ago, when a great luminary of the English law said there were only two kinds of insane persons, besides idiots, viz. : those "who, by sickness, grief, or other accident, wholly lose their memory and understanding," and those "who have sometimes their understanding, and sometimes not." In justice to Sir Mathew Hale, however, it should be said, that, in laying down the rule of law respecting the consequences of insanity, he was guided, not—like some of his successors on the bench—by what they are pleased to call the deductions of common sense, but by the best medical authorities of his age. In all his statements, he was careful to use the language and the limitations of medical men; and if his rules are no longer correct, to the utmost extent, the error has sprung

from the imperfect light of his times, rather than any presumptuous reliance on his own conceits. It is not strange that the first generation which heard from Bacon and his followers of the true ends and methods of science, should have recognized only those forms of insanity whose manifestations unmistakably and strongly appealed to the senses. They never looked very far beneath the surface. They lacked the necessary preparation to enable them to trace the progress of disease, from its obscure beginnings in the inmost constitution of the brain, to its final development in folly, fury, or delusion. Still less were they prepared to find a solution of some of its mysteries in those laws of hereditary transmission, which, even now, are far from being generally recognized in all their length and breadth. But it is strange that, in an age which sets no bounds to the achievements of science; which has established institutions for the care of the insane, where every phase of the malady may be seen and studied on the largest possible scale, doctrines implying any advance on the knowledge of our ancestors should be viewed with suspicion, if not distrust. It is strange that, in such an age, rules of law laid down two hundred years ago, by the courts of that time, should still be regarded as worthy of universal acceptance, so that any questioning of their authority, any attempt to make them conform to the results of more recent inquiry, is supposed to indicate, not so much a genuine advance in knowledge as it does a fondness for visionary speculation.

How prevalent and intense is the feeling here indicated, no one can conceive who has not been accustomed to observe the utterances of the public press, especially in England, whenever a case occurs whereby the traditions of the past are brought into direct collision with the science of the present. The doctrine fairly deducible from them is, that no form of mental disease less demonstrative than raving mania ought to be allowed to impair a man's legal responsibility. Because some of the phenomena of insanity are familiar to everybody, men jump to the conclusion that nothing more can be learned about it than what they can see and appreciate, and hence are disposed

to undervalue the results of scientific inquiry, and to regard the suggestions of a common sagacity as reliable as those of the ripest special experience and the nicest skill. A few years since, it was proclaimed from one of the high places of English judicature, that, in certain cases of insanity, the judgment of a medical expert is no better than that of any other man. There the utmost limit of folly might have been supposed to be fairly reached ; but the present Lord Chancellor has proved, in a recent speech, that such a supposition would have been a great mistake. He said, in the House of Lords, (March 11th, 1862,) that "the introduction of medical opinions and medical theories into this subject has proceeded upon the vicious principle of considering insanity as a disease ; whereas the law regards it as a fact which can be ascertained by the evidence in like manner as any other fact."* When men of high culture and eminent position thus ignore the value of professional experience, we may easily conceive how it would be treated by people of a different class.

In such a state of public feeling, it is not surprising that the very advantages possessed by medical men, at the present time, for learning the phenomena of insanity, should be regarded—as it has been not unfrequently—not as a means of improvement, but as necessarily a source of self-deception and mistake. It is said that, on a question of doubtful sanity, a person's judgment is to be distrusted, for the very reason that, for the better part of his life, he has lived in intimate communion with the insane, studying their ways, habits, and turns of thought and feeling. We might as well say that, on a question of rocks and strata, the opinion of a professed geologist is worthless, because he has spent his days in studying the structure of the earth ; or that a physician would be an unsafe adviser in diseases of the eye, simply because he has made them his specialty.

Thus much I have thought it well to say, in anticipation of the objection which is sure to be made against any doctrine on the subject of insanity, which seems to be new, or in conflict

* Hansard, clxv. 1297.

with what has been generally received. It will better prepare us for the discussion here opened respecting the hereditary transmission of insanity.

The first position we are warranted in assuming is, that, if fairly considered by the light which the facts of physiology, pathology, and natural history throw upon it, it will furnish a clew to the true philosophy of those minor or obscure derangements of mind, which are much misunderstood, if not entirely ignored. It was once the common belief that no disease could be considered as hereditary whose exact prototype had not existed in a previous generation. But nobody now believes that hereditary disease is transmitted only as disease. Every day's observation shows us that, in this mysterious operation, it is not the disease itself—not the host of morbid movements implied in that term—which is transmitted, but, what, for want of a better term, we call the tendency to disease. It shows us that gout, apoplexy, or consumption, never passes, fully formed, from parent to child, but only such a constitution of the inmost principles of the vital organism, as, under favoring circumstances, may, in the course of time, be converted into one of those diseases. The thing actually transmitted is hidden from the senses, and beyond the reach of the scalpel or microscope. But it is none the less actual, none the less a power in the organism to be manifested by the most serious effects. The phenomenon is closely analogous, no doubt, to that of the transmission of the features and other normal characters of the species, both resulting from the operation of the general law, that like produces like. Now, insanity is subject to the same law of transmission as other diseases, little as we might be led so to suppose by the prevalent notions respecting it; and the law is as devoid of mystery, as sure, as explicit, as beneficent, as any other in nature. We are now the better prepared to understand and appreciate the views to which the discussion will lead us.

Considering, then, that tendency to disease, not disease itself, is the thing actually transmitted, it is not strange that overt insanity in the parent is not always followed by the same condition in the child; nor that overt insanity in the child has not

always been preceded by the same condition in the parent. Beyond the mere tendency to disease, all the rest is, to our apprehension—very often, certainly—a matter of accident. Not the necessities of the constitution, but circumstances, determine whether the tendency remains in abeyance, or is converted into overt disease. Hence it is that insanity may be properly called hereditary, even when undiscovered as such in any progenitor of the patient.

The tendency once established in any particular brain, the next step of the inquiry is, to know what becomes of it. To this question, the results of observation furnish a satisfactory reply. In the first place, like all accidental characters, it may die out with the individual himself, and leave no trace of its existence in his offspring. Secondly, it may be transmitted to his immediate offspring, in whom it may assume any possible form of nervous derangement or defect. Thirdly, it may remain in abeyance in the next succeeding generation, and be developed in the third with even more than its original gravity. The eccentric old man whose conduct and discourse make him a by-word among people, perpetuates his name in half a score of children who manifest no mental obliquity or defect, while, among their offspring, may be found a countless variety of each, from the simplest peculiarity to furious mania. It may appear, in early youth, in the form of chorea, epilepsy, catalepsy, proclivity to mischief, or fits of passion; in maturer years, in the form of alternate excitement and depression, of irresistible propensity to drink, of striking peculiarities of behavior, of some strange, unexpected, and inexplicable act, of raving mania; in advanced age, in the form of premature decay, or complete dementia. The incident from which all the subsequent evils have originated may have been a slight eccentricity, hardly perceptible to the world, chronic neuralgia of the head, habitual intemperance, excessive study, or protracted vigils, a defective development of the brain while young, produced by bad physical influences, such as impure water and air, lack of ventilation, crowded and uncleanly dwellings, hardship, and hunger. Looking either to the cause or the effect, we see the

utmost possible variety, and the fact should teach us to be cautious how we undertake to circumscribe the range of nature's operations in the broad domain of cerebral disease. But the ailment, whatever it may be,—whether it come in some familiar form of mental disorder, or one of those obscure conditions which perplex both the wise and the simple,—whether it break out suddenly, or go through a long course of development,—is the last of a series of morbid or abnormal movements, whose beginning was in a previous generation. The more extensive and accurate our observations, the more strongly is this fact confirmed; and it must be thoroughly understood and appreciated, if we would avoid a very common error on the subject.

When unequivocal insanity in the parent is followed by the same affection in the child, nobody is unwilling to recognize in the fact the relation of cause and effect. But when some obscure phase of mental obliquity, or even overt insanity, is followed by some form or degree of mental disturbance not distinguished, by any positive characters, from normal peculiarities or conditions of mind, the idea of any such connection is apt to be considered rather as an ingenious speculation than a strictly philosophical deduction. Nothing can exceed the credulity with which the absurdest stories respecting the abuses of the insane are received, unless it may be the incredulity with which the results of enlightened scientific inquiry respecting the nature of their malady are frequently regarded, even by men of liberal culture. This lagging in the rear of true progress has been very common in the history of mental disease. It is not many years ago when a distinguished French magistrate, Dupin, publicly declared that monomania was only a modern contrivance for screening a criminal from punishment, and depriving a sane man of the care of his property. Not that the fact of a single delusive belief, existing in connection with an understanding still sound beyond the range of that belief, is impossible, or very rare, but it is not insanity,—he says,—it is not disease. It is only a freak, or a caprice, that annuls not one iota of legal responsibility! He must be a

bold man who would deny the existence of monomania, as a disease, now. On the contrary, a celebrated English jurist, veering to the other extreme, has declared that, if the mind be unsound in one particular, it is unreliable in all, and should be subjected to all the civil disabilities of insanity.

This, then, is the general conclusion to which we are led, by a large and careful observation, viz., that the hereditary taint of insanity appears, in various stages of progress, from the lowest to the highest grade of intensity, and under a variety of forms and aspects. This being so, it follows that these various forms and stages of the disease are as worthy of investigation as that of the fully-formed, fully-developed, unmistakable attack. Their effect on the mental capacity and vigor, and on the complexion of the moral sentiments and determinations; their connection with the habitual feelings and transitory impulses; with the power of resisting evil and pursuing good; are points on which we need to be enlightened, in forming our estimates of character, especially in reference to moral and legal responsibility. They are agencies no less effective than education, social influences, or mental endowments; and these, surely, are not regarded as unworthy of attention in this relation. To admit the general fact, but deny that it has any practical value, is a sort of philosophy more indicative of prejudice and presumption than of sound, scientific reasoning. That disease may exist in any organ, without appreciably disturbing its operations, is, undoubtedly, true. Such a thing sometimes happens, but it is an exception to a general rule—and, consequently, only proves the rule—which is, that disease, infirmity, or defect of an organ necessarily, in one way or another, affects its functions. That it is often difficult to estimate very precisely the extent of this deterioration, I grant; but cases sometimes arise where the fact is so obvious that, without any elaborate reasoning, almost instinctively, as it were, we recognize its potency. Let a man be arraigned for some unexpected crime, whose family abounds with cases of mental disease, and the word goes round at once, that the trouble is in the blood.

The next step in our inquiry is, to ascertain how we may be

able to recognize the presence of the hereditary taint. By what signs or manifestations have we a right to infer that it exists in any given case?

In the first place, we must bear in mind, that it would not be inconsistent with anything we know respecting the laws of disease, if it remained in a latent condition, unobserved by the person's most intimate acquaintance. A good physical education may have prevented the development of diseased tendencies, a sound mental discipline may have so strengthened the powers of the mind as to furnish them the least possible play in the habitual mental movement, or no fitting conjunction of circumstances afforded an opportunity for their exhibition. Even when actually manifested, they may have appeared so little like the traits of disease as not be recognized, as such, by the casual observer. Precisely so with one who has inherited a tendency to bodily disease,—consumption, for instance. A judicious physical training may have so strengthened his constitution as to render the local defect powerless; a broad chest and florid countenance may negative any suspicion of pulmonary weakness; easy circumstances and a genial climate may keep the noxious germ where it began, to the latest hour of life, or allow merely that slight development which is cognizable only to the inspection of the expert. And the same sort of analogy might be furnished by the course of other diseases. Now, in these cases, there may exist no doubt as to the inherited tendency, and we do not expect of the person that amount of endurance under exposure, or the power of succeeding in special efforts, which we should—other things being equal—from those who are born with no such tendencies. Neither, when, in spite of all appearances to the contrary, the disease does break out, are we astonished at the fact, or inclined to ignore its existence.

Disease in any organ is manifested—if manifested at all—in a disturbance, either of its own functions, or of those having close nervous connections with it. In one or the other of these two ways only, can disease of the brain be made apparent to the outward observer. It is, therefore, a fair inference, that

any considerable deviation from the ordinary course of its functions indicates the existence of disease, in some one or other of its phases ; and one of its functions, I take it for granted, is to make manifest the operations of the mind. A notion, ostensibly founded in fact, but really without any such foundation ; an irresistible impulse to do or say a thing abhorrent to one's own ideas of fitness or moral propriety ; a loss of self-control, if not consciousness, under extraordinary trial ; the occasional ascendancy of appetite or passion over all the restraints of education, habit, and conscience ; an act of violence, unprovoked by any adequate cause, and at variance with the character and disposition, coming like thunder from a cloudless sky,—such traits as these warrant us in believing that the disease, or tendency to disease, which existed in the progenitor, has been transmitted to the offspring, strengthened and quickened, perhaps, in its passage through two or three generations. We have also a right to recognize the hereditary taint in those extraordinary phases and incidents which, unexpected and unaccountable as they are, always amaze and perplex the superficial observer. If manifested at all, these are its legitimate effects, and they ought not to surprise us. Indeed, it should surprise us more if it always remained in abeyance, and gave no token of its presence.

Of course it cannot be denied, that manifestations very like these attributed to the hereditary fault, may and do occur in a normal condition of the cerebral system ; and the peculiar difficulty of the present question is, to distinguish the one from the other. Cough, pain, fever, are unmistakable signs of disease, which we are in no danger of regarding as compatible with a state of perfect health. On the other hand, an act of mischief or folly, which, in one man, would be the offspring of insanity, would, in another, be justly attributed to moral depravity. Now, it is a fair question to ask—and it is entitled to a satisfactory answer, because one of great practical importance—can we distinguish, in every case, between these two orders of facts, with any reasonable degree of certainty ? With no disposition to make light of the difficulty, I still believe that

it requires no extraordinary skill or discernment to save us from mistake beyond what is incident to all human judgment. The occasion hardly admits a thorough discussion of this point, and therefore I will only briefly indicate some of the rules which should govern our inquiries.

Every act, every course of conduct, must have an adequate cause, and, in order to ascertain this cause, we may need the largest knowledge of men, and a profound discernment of the springs of action, and of the effect of social, moral, and religious influences. The question whether a certain act is or is not the offspring of insanity, must often be decided, not by the intrinsic qualities of the act, but by the circumstances of the case. A person of doubtful mental condition must not be considered as responsible for an act of violence, merely because a Fejee islander or a professional bravo might do the same thing as a matter of business or pleasure. And the converse of the proposition, I admit, is equally true. An act of violence must not be attributed to insanity merely because, to a person of high culture and correct morals, it seems inexplicable on the ordinary principles of human conduct. In one community, some forms of murder would very properly raise a suspicion of insanity, while, in another, they might unquestionably arise from passion or calculation, and be viewed with indifference, if not complacency. Let the person, therefore, whose mental condition is in doubt, be compared, not with somebody else, but with himself, in connection with the circumstances in which he is placed. In cases of this description, a man's habitual character furnishes the best clew to the nature of his acts. If these are apparently inexplicable, it is because we overlook the only key that will unlock the mystery. However strange and unexpected they may be, a thorough inquiry will show that they are consistent with the laws of psychology, as displayed in the operations of the mind, in health and disease. For instance, a person commits a flagrant crime, though nothing in his previous history would have led one to begin to anticipate such an event. His record is fair, and not even the closest scrutiny of friend or foe can detect in it a single flaw. No

sudden provocation, no ulterior object, no overmastering passion can be discerned. He comes of a stock, however, whose nervous constitution has been vitiated by some defect or ailment calculated to impair its efficiency and derange its operations. In some shape or other, it may have been transmitted to him, and, on the doctrine of chances alone, the fact is more or less probable. Here, then, are the only two possible solutions of the difficulty,—depravity or infirmity,—and we have no right to choose the former, merely because the latter cannot be proved by the grosser tests. Indeed, a superficial examination finds the one as unsatisfactory as the other. If the act in question is the only indication of disordered mind, in the whole life of the individual, the difficulty of reaching a satisfactory result would be increased, no doubt; but taking it even in this shape, we are warranted in saying that a single act of insanity, intruded into the midst of a correct and even life, is not more strange than a single act of depravity apparently foreign to the character and disposition. In most cases, however,—might I not say, in all?—a thorough inspection of the mental manifestations as displayed in the conduct and discourse, would bring to light certain peculiarities which, though not strictly incompatible with soundness of mind, furnish, at least, fair ground for suspecting the presence of hereditary taint. Excitement and depression, moody, difficult temper, extraordinary proneness to jealousy and suspicion, a habit of saying or doing proper things under improper circumstances, an unreasonable disregard of ordinary ways, customs, and observances, an habitual extravagance of thought and feeling, an inability to appreciate very nicely moral distinctions, gusts of passion, reckless indulgence of appetite,—such are the traits, more or less of which will be generally found in connection with transmitted mental infirmity.

It may be replied, that these are mental defects, signifying, not mental unsoundness, but merely that sort of imperfection that necessarily belongs to human nature. That any one of them, singly and alone, is invariably an indication of cerebral infirmity, I do not contend; but I think we are warranted in

saying, that, under certain circumstances, each one of them may be an unmistakable sign of such a condition, and that, in actual practice, there can be but little difficulty in making the distinction. Let it be observed, however, that I do not present them as indications of insanity, but rather of a cerebral condition which, under certain circumstances, may become insanity. And this is the point that deserves especial attention. When a person, hitherto regular and rational in his ways, commits an appalling crime, the world is very reluctant to believe that it could have sprung from any other source than some hidden fountain of depravity, deep down in the recesses of the moral being. If, however, a faithful examination of the individual shows any of the above-mentioned traits, have we not a right to suppose that some bodily ailment or some moral shock, sudden and severe, may have quickened the morbid element into overpowering activity? There is nothing in the nature of mental disease that forbids the supposition,—nothing in its rise and progress, according to the present state of our knowledge, incompatible with such an event. Change of phases, slow or sudden, rapid development, frequent fluctuations, are eminently characteristic of mental disease. Admitting the morbid element to be present, we can scarcely limit the modes of its operation, nor be surprised at any turn it may take.

Let it be observed, too, that this sudden and rapid development of mental disease which has been lying in embryo, is strictly in accordance with the laws of morbid action, as witnessed in the rise and progress of other diseases. Tubercles which have existed in the lungs for years, giving no signs of their presence, are suddenly aroused into fatal activity by a severe cold. The germs of inherited gout lie unsuspected in the system, until some impairment of the vital energies, or a prolonged debauch, furnishes the stimulus which they require. An inherited tendency to apoplexy quietly waits a fitting occasion for the fatal stroke. And yet the world wants no better argument against the plea of insanity in a given case, than the fact that its existence was never suspected before the act of violence, on account of which it is offered. In making up

our opinion respecting the mental condition of the party concerned, the very act most significant of all is to be completely ignored!

Admitting the truth of our doctrine, it becomes our duty to inquire what practical consequences should rightfully follow it. If its legitimate effect were to furnish fresh license to passion and diminish the power of self-control, to encourage crime and endanger the welfare of society, I should be inclined to regard it as one of those truths which had better be known only to philosophers and saints. Believing no such thing, but rather that the highest interests of men will be best promoted by making the mental condition in question more correctly understood, I proceed to the next step of our inquiry.

When a criminal act is committed by one who has previously given no indications of mental disturbance, though the circumstances of the act may raise suspicion of unsoundness, and we find any of those traits which are indicative of hereditary tendency to the disease, we are bound to allow this fact some weight, at least, in our estimates of responsibility. We are bound to allow ample scope and verge for the unmistakable manifestations of disease, before we lay upon the offender the usual consequences of crime. How far it should be allowed to affect legal responsibility can only be ascertained by a thorough and intelligent investigation of the circumstances of each particular case. The results to which we arrive must always be more or less conjectural, but they may, at the least, furnish ground for doubt where confidence might lead to injustice. They might stay the hand of the law until doubt should be converted into certainty, and the cause of truth and right be amply vindicated before men.

Let me not be misunderstood. It is no doctrine of mine that a man is irresponsible for any and every crime he may commit, or for any moral delinquency, simply because some of his progenitors were insane. What I contend for is, that when such a fact appears in evidence, it should be investigated in all its relations to the party concerned, under the light derived from the present state of our knowledge on this subject, in order

order that it may be ascertained if the mental infirmity, by being transmitted, in some form or other, has determined, at all, his volitions, impulses, or acts. If, under such an investigation, it shall appear that his character or conduct has been marked by peculiarities like those which usually spring from the hereditary taint, and especially if it appear that the criminal act was accompanied by none of the ordinary circumstances of crime, then a reasonable doubt is thereby raised of his legal guilt, and a suspension of judgment justified, until farther developments shall have shown the true nature of the case. If, on the other hand, the act in question appear to have been a rational act, rationally done, that is, prompted by the usual incentives to action, and the individual has been free from any mental obliquities that might be fairly attributed to the hereditary taint, then it cannot be justly put forth as a ground of exemption from the ordinary consequences of crime.

The importance of a more intelligent appreciation of this class of cases was strongly exhibited in England, a few months since, where one of them occurred. Though scarcely distinguishable, at first sight, from the ordinary run of crimes, it became the subject of comment in Parliament, and divided the public attention with the Schleswig-Holstein difficulty and the American rebellion. It distracted the opinions of eminent experts, it jeopardized the popularity of a cabinet minister, and raised a general clamor throughout the kingdom. A young man of twenty-five, named Townley, was engaged to a young lady, both of highly respectable character and connection. Twice, the engagement was broken by the lady, ostensibly because, on account of his want of business or means, it was disapproved by her grandfather, with whom she lived, but really—the last time—because of her preference of another, to whom she had become engaged. The affair moved him deeply, and in great agony of mind, he solicited and obtained a final interview which lasted two hours, in the evening, out of doors. At the close of it, he killed her with a pen-knife, gave notice of what he had done, and assisted in rendering the necessary

attentions. It was obvious that he had made no preparations for the act, and he made no attempt to escape.

It appeared in evidence that he had always borne a good character, and was of an amiable disposition, though somewhat excitable and peculiar. His grandfather's sister and a first cousin had been insane, and an aunt's aunt had had ten children, of whom five had been insane. His own account of the transaction was, that he endeavored to ascertain from her the name of his rival, which she refused to give; that he kept down his feelings as long as he could, but was finally worked up to a pitch of madness, and did not remember anything at the last. He admitted that the act was murder, for which he would be hanged, and said he was happier for having done it. Subsequently, he justified the act, on the ground that she had deceived him, declaring that the woman who deceived him must die; that she was his property as much as if they had been married; and that he took only what belonged to him. His statements, though free from all signs of delusion, unless some vague expressions about a conspiracy might be regarded as such, were full of that peculiar extravagance of sentiment, insensibility to moral distinctions, inconsistency, and contradiction, so characteristic of the insane. The like of them may be found in the case-books of every hospital for the insane.

On trial, insanity was pleaded in his defence, but he was convicted. The judge, however, regarding the medical testimony respecting his mental condition to apply to a period subsequent to the homicide, (in which testimony was that of a distinguished expert, strongly in favor of his insanity,) he transmitted the papers to the Home Secretary, Sir George Grey, and solicited his attention to the case. This gentleman requested three members of the Board of Commissioners of Lunacy to examine the prisoner, and they reported, as the result of their examination, that his condition was the same then as when he committed the act; that applying the law, as laid down by the court, he was justly convicted, but added that, "in view of the extravagant opinions deliberately professed by him, of his

extraordinarily perverted moral sense, and of the hereditary taint alleged and apparently proved to have existed in the family of the prisoner's grandmother, we cannot consider him to be of sound mind."

In the mean time, in conformity to a statute on the subject, three justices and two medical men examined him, and pronounced him to be of "unsound mind," and he was accordingly sent to Bethlehem Hospital. Whereupon, a strong remonstrance, signed by forty magistrates of the county, was sent to the Secretary, who immediately appointed another Commission to examine and report on his mental condition; which Commission was composed of four physicians, of whom two were then Superintendents of hospitals for the insane, and two had been previously, but were then holding the office of "Visitors of Chancery Lunatics." These gentlemen arrived unanimously at the conclusion that the party was of "sound mind," and forthwith the Secretary ordered him into penal servitude for life, in Australia.

This case affords an apt illustration of the peculiar embarrassments occasioned by the mental condition in question. It is easy to see how the experts honestly arrived at such different conclusions; and it is no less easy to see, by means of the clew which our view of the case affords, that these conclusions were equally wide of the exact truth. The absence of any symptoms of insanity previous to the criminal act, and of any conclusive one subsequently, was, undoubtedly, a good reason for believing that Townley was not insane; while his extraordinary notions of right and wrong seemed to indicate one of those selfish, reckless, Godless spirits—too common, alas, to make their existence a matter of question—that stick at nothing in order to gratify an impulse or accomplish a desirable end. According to legal definitions, certainly; he was not insane, nor could he have been admitted into any hospital for the insane in Great Britain. On the other hand, considering the circumstances of the act, and the remarkable conduct of the prisoner immediately before and after it, in connection with his hereditary tendency to mental disease, there was ground for regarding

him as insane rather than depraved. Had the homicide been unaccompanied by this hereditary tendency, or the latter not been followed by any act of violence, this conclusion would hardly have been adopted. As it was, however, the tendency rendered such an act not very improbable,—certainly, not extraordinary,—while the previous character excluded the supposition of consummate depravity. It is well known that, in most of those cases where the first, and, for a time, the only symptom of insanity was some terrible act, there was the hereditary taint. This was the essential element in the present case, and it cannot be doubted that if the experts had all placed the same stress upon it among the agencies that led to the criminal act, their opinions as to the true character of the case would have been more nearly alike. Forced, perhaps, by the exigencies of the occasion, they accepted an alternative from which they would have shrunk in a purely psychological inquiry. The question of sanity or insanity, however proper in the administration of the law, was, in a scientific point of view, little better than a verbal quibble. With as much propriety it might be asked whether a person with tubercles in his lungs is or is not in a consumption.

Under our view of the subject, the true character of the case appears, divested, in a great degree, of the difficulties that encumber the professional opinions on both sides. This young man inherited a tendency to insanity, which, however, up to the event in question, had given little token of its existence. In the ordinary routine of life, where there was nothing to try his power of self-control, or disturb the current of his feelings, he performed his allotted part quietly and correctly, if not very energetically. But when the woman whom he ardently loved cast him off under false pretences, the evidence shows that he became greatly agitated, and under all the excitements of a long, private interview, reason was easily driven from her seat. Whether he was unconscious while inflicting the fatal wounds, as he said himself, is not quite certain, but there can be no doubt that his feelings were agitated beyond all power of restraint. No sooner was the deed accomplished, than the

inward tumult subsided, consciousness returned, if it had ever been lost, and his usual condition was renewed. Of course, he could hardly help giving some account of the feelings and motives which led to the transaction, and here he betrayed that sort of moral obliquity, which, though not necessarily indicative of insanity, is frequently witnessed in abnormal conditions of the mind. The manner in which he undertook to explain and defend his conduct was such as, in the opinion of a distinguished expert, no sane man would have adopted. His discourse evinced something more than bad logic and outrageous sentiment, in both of which it abounded. It was full of wild and extravagant notions which no man, fairly claiming to be sane, would have regarded as likely to obtain the slightest credence from any one less credulous than the simplest child. Even if we suppose that such had always been his way of thinking, it was, unquestionably, the result of his peculiar mental imperfection, rather than of mature, deliberate reasoning, or of vicious habits and training. Not unlikely he undertook to defend his act by arguments that he scarcely believed himself. Such a fact is not uncommon in the operations of the insane mind, when called upon to explain conduct to which it has been impelled by the force of disease, but which it knows to be wrong. Now, in all this there is nothing extraordinary or improbable. Admitting the presence of the hereditary tendency, it might have been expected that, under favoring circumstances, it would affect the mental movements and disturb the moral perceptions, to such a degree even, that a most horrible act might seem to be a matter of right and duty. Nor is there anything in the history of the case incompatible with this explanation. Every trait in it might find a parallel in the conduct, conversation, or manners of the decidedly insane.

The records of my own observation would furnish cases similar in character, if not in their incidents, in which the act of violence was equally sudden and unexpected, the reason of the patient apparently just as sound, and his reputation equally free from reproach. Had the incidents been similar, experts would probably have differed as widely respecting their nature,

and the public would have been as deeply indignant at any show of judicial mercy. It is because they are not extraordinary, and because great injustice may be committed, and the humanity and science of the age discredited by such mistakes respecting their true nature, that I have ventured on a discussion that might seem, at first sight, more suited to the pages of a treatise or journal. It is because the public never read medical journals or treatises, though many a man is obliged, in one way or another, as parent, guardian, judge, juror, journalist, legislator, to form an opinion on some question of insanity, that may decide the weal or woe of the party concerned, that I have used the present opportunity for the purpose of exciting a more intelligent interest in a class of persons, many of whom are more unfortunate than the unequivocally insane.

I. RAY.

BUTLER HOSPITAL, January, 1865.

RECEIPTS AND EXPENDITURES.

STEWARD'S DEPARTMENT FOR 1864

RECEIPTS.

Board, clothing, &c., charged patients.....	\$30,930 82	
Received of Treasurer. on account of income of permanent Fund.....	3,611 13	
		\$34,541 95

EXPENDITURES.

Provisions.....	\$19,240 41	
Salaries.....	2,300 00	
Wages.....	8,952 37	
Repairs and Improvements.....	672 78	
Furniture.....	1,925 47	
Farm.....	905 80	
Fuel.....	2,592 91	
Lights.....	623 75	
Contingencies....	666 77	
Drugs and Medicines.....	136 39	
Insurance.....	100 00	
		\$38,116 65

The Invested Funds of the Hospital consist in—
 Bonds and Mortgages, State and United States Securities, and Loan
 on Call with Collaterals, constituting the "Permanent Fund"..... \$53,000 00

DUNCAN IMPROVEMENT FUND.

Loan on Call, with Collateral Security.....	\$12,000 00
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LIBRARY FUND.

United States Bond of 1881, 6 per cent.....	\$500 00	
New York Central Railroad 6 per cent. Bonds.....	1,100 00	
		\$1,600 00

DONATION FUND.

10 shares in Manufacturers Bank.....	\$1,000	
New York Central Railroad 6 per cent. Bonds.....	2,900	
		\$3,900 00

ADMISSION OF PATIENTS.


The following papers, which will explain themselves, are necessary for the admission of a patient.

CERTIFICATE AND APPLICATION.

I hereby certify that Mr. _____ of _____ is insane.

Physician.

I request that the above named insane person may be admitted as a patient into the Butler Hospital for the Insane.

 This should be signed by the guardian, or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of _____ being admitted a patient into the Butler Hospital for the Insane, at our request, we, the undersigned, jointly and severally, promise the Hospital, to pay to the Treasurer thereof, at said Hospital, quarterly, on the first days of January, April, July, and October, with interest after said days, respectively, the rate of board determined by the Trustees of said Hospital, and stated in the order of admission hereunto affixed; to provide or pay for all requisite clothing, and other things necessary or proper for the health and comfort of said patient; to remove said patient when discharged; to reimburse funeral expenses in case of death; and if removed uncured, against the advice of the Superintendent, before the expiration of three calendar months, to pay board for thirteen weeks, and also to indemnify said Hospital for all expenses of suit, which they may incur in collecting said bills of board, supplies, and funeral charges. The same to be included in the damages to be recovered in such suit.


Witness our hands this _____ day of _____ of _____

ORDER OF ADMISSION,

To the Superintendent of the Butler Hospital for the Insane.

Receive the above named patient, if brought within two weeks from date, at _____ dollars _____ cents per week.

Visiting Committee.

 The obligation is to be signed by two responsible persons; if from a distance, and unknown, a certificate from the Selectmen, Town Council, or other satisfactory evidence of sufficient ability, must accompany the bond.

